

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00553560

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☒ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 18 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">42513.77</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">42513.77</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">104745.44</span>	<span style="border: 1px solid black; padding: 2px;">104745.44</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">147259.21</span>	<span style="border: 1px solid black; padding: 2px;">147259.21</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">108002.93</span>	<span style="border: 1px solid black; padding: 2px;">108002.93</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">39256.28</span>	<span style="border: 1px solid black; padding: 2px;">39256.28</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">328750.24</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23240.00	23240.00
(ii) Unitemized .....	81376.44	81376.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	104616.44	104616.44
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	104616.44	104616.44
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	129.00	129.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... ►	104745.44	104745.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	104745.44	104745.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	101068.05	101068.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	101068.05	101068.05
22. Transfers to Affiliated/Other Party Committees.....	6934.88	6934.88
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	108002.93	108002.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	108002.93	108002.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	104616.44	104616.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	104616.44	104616.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	101068.05	101068.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	129.00	129.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	100939.05	100939.05

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 34  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR MAXWELL BELDING 064**

Mailing Address 30 BOKUM RD APT 308

City	State	Zip Code
ESSEX	CT	06426

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	14	/	2016

Transaction ID : SA11AI.8438

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MR MAXWELL BELDING 064**

Mailing Address 30 BOKUM RD APT 308

City	State	Zip Code
ESSEX	CT	06426

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2016

Transaction ID : SA11AI.8439

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. MR JOHN S CHAMBERLAIN 085**

Mailing Address 182 FAIRWAY DR

City	State	Zip Code
PRINCETON	NJ	08540

FEC ID number of contributing federal political committee.

Name of Employer

PRINCETON HEALTHCARE SYSTEM

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	20	/	2016

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 7 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MS MARY K COLWELL 453**

Mailing Address 140 MARICOPA CIR

 City  
 ENON

 State  
 OH

 Zip Code  
 45323

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : SA11AI.4688

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. ROBERT COOPER 837**

Mailing Address 4556 N VILLA RIDGE WAY

 City  
 BOISE

 State  
 ID

 Zip Code  
 83703

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR PAT EPPS 303 SR**

Mailing Address 695 STARLIGHT LN

 City  
 ATLANTA

 State  
 GA

 Zip Code  
 30342

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

EPPS AVIATION CO

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	2		2	0	1	6

Transaction ID : SA11AI.5152

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ▶

850.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 8 OF 34  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. LESTER FRANKENTHAL 600**

Mailing Address 922 BARCLAY CIR

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	6

Transaction ID : SA11AI.5304

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MS MARTHA C FRANSSON 061**

Mailing Address 11 DODGE DR

City

WEST HARTFORD

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PROFESSOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	6

Transaction ID : SA11AI.5310

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MRS BETTY GARDNER 648**

Mailing Address 1572 GOODIN HOLLOW RD

City

NOEL

State

MO

Zip Code

64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	1	6

Transaction ID : SA11AI.5389

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 9 OF 34  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MR ALONZO GATES 782**

Mailing Address 785 BURR RD

 City  
 SAN ANTONIO

 State  
 TX

 Zip Code  
 78209

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 ARTS SAN ANTONIO

 Occupation  
 DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	05	/	2016

Transaction ID : SA11AI.5407

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. MARILYN GEARHART 988**

Mailing Address PO BOX 427

 City  
 WATERVILLE

 State  
 WA

 Zip Code  
 98858

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 NONE

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	28	/	2016

Transaction ID : SA11AI.5410

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MISS JOANN L GREB 548**

Mailing Address 8861 W WILSON BAY DR

 City  
 HAYWARD

 State  
 WI

 Zip Code  
 54843

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer  
 NONE

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	28	/	2016

Transaction ID : SA11AI.5503

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

5750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 10 OF 34  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS JOANN L GREB 548

Mailing Address 8861 W WILSON BAY DR

City	State	Zip Code
HAYWARD	WI	54843

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	28	/	2016

Transaction ID : SA11AI.5504

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. NANCY GRIFFIN 077

Mailing Address PO BOX 310

City	State	Zip Code
MONMOUTH BEACH	NJ	07750

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	04	/	2016

Transaction ID : SA11AI.5531

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MS MARGIE HUBBARD 894

Mailing Address PO BOX 568

City	State	Zip Code
GENOA	NV	89411

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	28	/	2016

Transaction ID : SA11AI.5895

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. GRAEME HUNTER 752**

Mailing Address 6 ROYAL TERRACE CT

City State Zip Code  
DALLAS TX 75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAEME HUNTER PARTNERS LTD

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 11 / 2016

Transaction ID : SA11AI.5919

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **B. GRAEME HUNTER 752**

Mailing Address 6 ROYAL TERRACE CT

City State Zip Code  
DALLAS TX 75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAEME HUNTER PARTNERS LTD

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016

Transaction ID : SA11AI.5920

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. GRAEME HUNTER 752**

Mailing Address 6 ROYAL TERRACE CT

City State Zip Code  
DALLAS TX 75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAEME HUNTER PARTNERS LTD

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2016

Transaction ID : SA11AI.5921

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PAUL E JACKSON 324**

Mailing Address 917 MARINA DR

City

PANAMA CITY BEACH

State

FL

Zip Code

32407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	6

Transaction ID : SA11AI.5968

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MRS MARTHA JONES 301**

Mailing Address 21 MCWHORTER CIR

City

BREMEN

State

GA

Zip Code

30110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	6

Transaction ID : SA11AI.6068

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DAVID J KELLER 983**

Mailing Address PO BOX 2381

City

BUCKLEY

State

WA

Zip Code

98321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	6

Transaction ID : SA11AI.6169

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1550.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. EUGENE KELTON 805**

Mailing Address 2312 AMHERST ST

City

FORT COLLINS

State

CO

Zip Code

80525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	19	/	2016

Transaction ID : SA11AI.6187

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR HARVEY KING 967**

Mailing Address 11 AALAPAPA PL

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KING &amp; NEIL INC

Occupation

PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	08	/	2016

Transaction ID : SA11AI.6224

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MS CAROLYN L KLEIN 685**

Mailing Address 3510 SEWELL ST

City

LINCOLN

State

NE

Zip Code

68506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2016

Transaction ID : SA11AI.6242

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

795.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 14 OF 34  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS G H MARTIN 194**

Mailing Address 3216 BRITTANY PT

City	State	Zip Code
LANSDALE	PA	19446

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2016

Transaction ID : SA11AI.6653

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MR JAMES MCDONNELL 631 III**

Mailing Address 40 GLEN EAGLES DR

City	State	Zip Code
SAINT LOUIS	MO	63124

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

PHILANTHROPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2016

Transaction ID : SA11AI.6747

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. MR JAMES MCDONNELL 631 III**

Mailing Address 40 GLEN EAGLES DR

City	State	Zip Code
SAINT LOUIS	MO	63124

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

PHILANTHROPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2016

Transaction ID : SA11AI.6746

Amount of Each Receipt this Period

CONTRIBUTION UNDER REVIEW

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. TOM MCGURK 479**

Mailing Address 7 DOUGLASS MNR

City State Zip Code  
 COVINGTON IN 47932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 COVINGTON MULTI-SCHOOL BLDG CORP

Occupation  
 PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2016

Transaction ID : SA11AI.6762

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. THOMAS H MCMAHON 614**

Mailing Address 1077 HAWKINSON AVE

City State Zip Code  
 GALESBURG IL 61401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2016

Transaction ID : SA11AI.6791

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS JOAN G MILAM 333**

Mailing Address 2673 CENTER COURT DR

City State Zip Code  
 WESTON FL 33332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

Transaction ID : SA11AI.6864

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RALPH NELSON 932**

Mailing Address PO BOX 1287

City	State	Zip Code
LEBEC	CA	93243

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2016

Transaction ID : SA11Al.7114

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR RALPH NELSON 932**

Mailing Address PO BOX 1287

City	State	Zip Code
LEBEC	CA	93243

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2016

Transaction ID : SA11Al.7113

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM O'KEEFFE 941**

Mailing Address 820 LAGUNA HONDA BLVD

City	State	Zip Code
SAN FRANCISCO	CA	94127

FEC ID number of contributing federal political committee.

C

Name of Employer

SAFTI O'KEEFE INC

Occupation

PRESIDENT / CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2016

Transaction ID : SA11Al.7180

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DR JOSEPH PATTISON 210**

Mailing Address 213 RED PUMP RD

City State Zip Code  
 BEL AIR MD 21014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2016

Transaction ID : SA11AI.7283

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. HARRY H PHILLIPS 791**

Mailing Address 2607 HAWTHORNE DR

City State Zip Code  
 AMARILLO TX 79109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

OIL & GAS INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2016

Transaction ID : SA11AI.7341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR DONALD G REINHARD 180**

Mailing Address 75 HARVARD AVE

City State Zip Code  
 PALMERTON PA 18071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PENCOV SERVICE IND.

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 04 / 2016

Transaction ID : SA11AI.7528

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR NICHOLAS J ST GEORGE 327**

Mailing Address 971 GEORGIA AVE

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	19	/	2016

Transaction ID : SA11AI.8091

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2016

Transaction ID : SA11AI.8642

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

420.00

**TOTAL** This Period (last page this line number only)..... ►

23240.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 34

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. ASHBY LAW LLC**Mailing Address 246 W BROAD STREET  
SUITE 3

City QUAKERTOWN    State PA    Zip Code 18951

Purpose of Disbursement  
LEGAL SERVICES

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01    05    2016**Transaction ID : SB21B.4178**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING CORP**Mailing Address 504 SHAW RD  
SUITE 206

City STERLING    State VA    Zip Code 20166

Purpose of Disbursement  
CAGING SERVICES

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01    21    2016**Transaction ID : SB21B.4180**

Amount of Each Disbursement this Period

1733.60

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING CORP**Mailing Address 504 SHAW RD  
SUITE 206

City STERLING    State VA    Zip Code 20166

Purpose of Disbursement  
CAGING SERVICES

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01    21    2016**Transaction ID : SB21B.4182**

Amount of Each Disbursement this Period

792.80

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5526.40

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Category/  
Type

1229.51

The three 4x4 grids are as follows:

M		M	

01

D		D	

21

Y		Y	

2016Category/  
Type

6586.02

Category/  
Type

A digital display with a black background and white numbers, showing the value 6308.30. The display has a thin white border and small white tick marks along the top and bottom edges.

FEC Schedule B (Form 3X) Rev. 02/2003



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

**A. DIRECT SUPPORT SERVICES INC**

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.4189

Purpose of Disbursement	VIGOP DIRECT MAIL - POSTAGE
-------------------------	-----------------------------

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.4190

Purpose of Disbursement	VIGOP DIRECT MAIL - POSTAGE
-------------------------	-----------------------------

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle)  
C. DONOR BUREAU

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the digits. The first display shows '01' with squares above the '0' and '1'. The second display shows '21' with squares above the '2' and '1'. The third display shows '2016' with squares above each digit.

Mailing Address 1900 N CULPEPPER ST

City	State	Zip Code
ARLINGTON	VA	22207

Transaction ID : SB21B.4193

### Purpose of Disbursement

#### VIGOP LIST ENHANCEMENT

003

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

8644.98

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

### A. DONOR BUREAU

003

191.42

# VIGOP

Category/  
Type

	House
	Senate
	President

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B. DSSI**

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

## Purpose of Disbursement

### DATA PROCESSING

001

Transaction ID : SB21B.4191

Amount of Each Disbursement this Period

# VIGOP

Category/  
Type

Office Sought:

	House
	Senate
	President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)  
C. DSSI

The image shows three 3x3 grids, each representing a number using the letters M, D, and Y. The first grid shows '01' with 'M' in the top-left and top-right positions. The second grid shows '21' with 'D' in the top-left and top-right positions. The third grid shows '2016' with 'Y' in the top-left, top-right, middle-right, and bottom-right positions.

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

### Purpose of Disbursement

#### DATA PROCESSING

001

Transaction ID : SB21B.4192

Amount of Each Disbursement this Period

Candidate Name

# VIGOP

Category/  
Type

Office Sought:

	House
	Senate
	President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

4760.29

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.4198

001

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

31.11

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4199

001

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

10.17

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

The three 3x3 grids are as follows:

M		M

01

D		D

06

Y		Y		Y		Y

2016

Transaction ID : SB21B.4200

001

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period



97.50

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

Age Group	Percentage
18-24	138.78
25-34	~100
35-44	~100
45-54	~100
55-64	~100
65-74	~100
75-84	~100
85+	~100



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.4201

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Response	Percentage
Yes	37.25
No	62.75

## B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.4202

001

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

25.75

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement



Transaction ID : SB21B.4203

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Amount of Each Disbursement this Period

40.50

103.50

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 34

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	6		

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.4204**Purpose of Disbursement  
TRANSFIRST DISCOUNT FEES

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

647.92

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	6		

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.4205**Purpose of Disbursement  
TRANSFIRST DISCOUNT FEES

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

129.07

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		1	1		2	0	1	6		

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.4206**Purpose of Disbursement  
TRANSFIRST DISCOUNT FEES

001

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

17.04

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

794.03

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.4207

001

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)  
**B. FORTH RIGHT STRATEGY INC**

Date of Disbursement

Transaction ID : SB21B.4208

Amount of Each Disbursement this Period

003

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District: 

Full Name (Last, First, Middle Initial)  
C. FORTH RIGHT STRATEGY INC

Date of Disbursement

Transaction ID : SB21B.4209

Amount of Each Disbursement this Period

003

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

3532.67

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

### A. INTEGRAM

003

4851.82

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

## B. LEGACY LIST MANAGEMENT INC

The three 4x4 grids are as follows:

M		M	

01

D		D	

21

Y		Y	

2016

003

2880.60

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/  
Type

### C. SIMPKINS ESCROW LLC

The image shows three 3x3 grids, each representing a number. The first grid shows '01' with dots at (1,1), (1,3), (2,1), (2,2), (2,3), (3,1), and (3,2). The second grid shows '05' with dots at (1,1), (1,3), (2,1), (2,2), (2,3), (3,1), and (3,3). The third grid shows '2016' with dots at (1,1), (1,3), (2,1), (2,2), (2,3), (3,1), (3,2), (3,3), and (3,4).

001

496.34

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

8228.76

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has 10 vertical supports. The bottom beam has 10 vertical supports, with the first three supports being thicker than the others.



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 34

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. VIGOP - TERRITORIAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2016

Mailing Address PO BOX 295

City	State	Zip Code
CHRISTIANSTED	VI	00821

**Transaction ID : SB22.4219**Purpose of Disbursement  
AFFILIATED TRANSFER

008

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

1995.38

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. VIGOP - TERRITORIAL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2016

Mailing Address PO BOX 295

City	State	Zip Code
CHRISTIANSTED	VI	00821

**Transaction ID : SB22.4220**Purpose of Disbursement  
AFFILIATED TRANSFER

008

Amount of Each Disbursement this Period

Candidate Name

**VIGOP**Category/  
Type

4939.50

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6934.88

6934.88

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 OF 34

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CAPITOL CAGING CORP**Nature of Debt (Purpose):  
CAGING SERVICESMailing Address 504 SHAW RD  
SUITE 206City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

4301.36

Transaction ID : SD10.4170

Amount Incurred This Period

1719.71

Payment This Period

3755.91

Outstanding Balance at Close of This Period

2265.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CONSOLIDATED MAILING SERVICES**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOPMailing Address 504 SHAW RD  
SUITE 206City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

137726.45

Transaction ID : SD10.4171

Amount Incurred This Period

44543.61

Payment This Period

12894.32

Outstanding Balance at Close of This Period

169375.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DONOR BUREAU**Nature of Debt (Purpose):  
LIST ENHANCEMENTS

Mailing Address 1900 N CULPEPPER ST

City State Zip Code  
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

1370.08

Transaction ID : SD10.4174

Amount Incurred This Period

2061.13

Payment This Period

494.69

Outstanding Balance at Close of This Period

2936.52

1) **SUBTOTALS** This Period This Page (optional)..... ►

174577.42

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 OF 34

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DSSI**

Nature of Debt (Purpose):

DATA PROCESSING

Mailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

13424.29

Transaction ID : SD10.4168

Amount Incurred This Period

4709.65

Payment This Period

4568.87

Outstanding Balance at Close of This Period

13565.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FORTH RIGHT STRATEGY INC**

Nature of Debt (Purpose):

DIRECT MAIL - CREATIVE

Mailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

41408.21

Transaction ID : SD10.4166

Amount Incurred This Period

46488.07

Payment This Period

3393.75

Outstanding Balance at Close of This Period

84502.53

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**INTEGRAM**

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING &amp; MAILSHOP

Mailing Address 8421 HILLTOP RD

City State Zip Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

16837.04

Transaction ID : SD10.4175

Amount Incurred This Period

0.00

Payment This Period

4851.82

Outstanding Balance at Close of This Period

11985.22

1) **SUBTOTALS** This Period This Page (optional)..... ►

110052.82

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 OF 34

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LEGACY LIST MANAGEMENT INC**Nature of Debt (Purpose):  
LIST RENTALSMailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

21661.19

Transaction ID : SD10.4169

Amount Incurred This Period

0.00

Payment This Period

2880.60

Outstanding Balance at Close of This Period

18780.59

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MACKENZIE & COMPANY**Nature of Debt (Purpose):  
CONSULTING - COMPLIANCEMailing Address 2776 S ARLINGTON MILL DR  
NUM 806City State Zip Code  
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

11766.60

Transaction ID : SD10.4172

Amount Incurred This Period

1089.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12855.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MDI IMAGING & MAIL**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 21721-A FILIGREE CT

City State Zip Code  
ASHBURN VA 20147

Outstanding Balance Beginning This Period

5080.67

Transaction ID : SD10.4176

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5080.67

1) **SUBTOTALS** This Period This Page (optional)..... ►

36716.86

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 OF 34

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RHA MARKETING**

Nature of Debt (Purpose):

**VIGOP DIRECT MAIL - PRINTING &  
MAILSHOP**

Mailing Address 1272 CORPORATE PARK RD

City State

Zip Code

FOREST

VA

24551

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.9141

Amount Incurred This Period

4247.46

Payment This Period

0.00

Outstanding Balance at Close of This Period

4247.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SIMPKINS ESCROW LLC**

Nature of Debt (Purpose):

**ESCROW SERVICES**

Mailing Address ST JUST RD

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

2497.19

Transaction ID : SD10.4173

Amount Incurred This Period

2715.35

Payment This Period

2056.86

Outstanding Balance at Close of This Period

3155.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

7403.14

2) **TOTALS** This Period (last page this line number only)..... ►

328750.24

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

328750.24